



STATE OF MAINE REGISTRATION FORM

Pass-through Entity Withholding on Distributive Income

Required only for entities with nonresident owners

1. BUSINESS INFORMATION

Legal Name _____ Doing Business As _____
Business Phone Number _____ E-mail address _____
Fed. Employer's ID # (FEIN) _____ Street Address of Business Location (Physical Location) _____
Primary Mailing Address _____

2. REGISTRATION FOR PASS-THROUGH WITHHOLDING BEGINNING IN: 2003

3. WITHHOLDING TAX ACCOUNT ADDRESS (if different from above)

ADDRESS _____ ATTENTION _____
_____ PHONE NUMBER _____

I certify that the information contained above is true, correct and complete to the best of my knowledge and belief. This application must be signed by an owner, partner, member, officer, trustee or personal representative.

SIGNATURE _____ TITLE _____ DATE _____ PHONE NUMBER _____

PLEASE PRINT OR TYPE YOUR NAME

Instructions

Line 1. Enter the legal name of the business or organization. Examples are the partnership name or the exact name from the Articles of Incorporation.

Enter the federal employer's identification number (FEIN). **An FEIN must be provided to register for Maine Income Tax Withholding.** To obtain an FEIN, file federal Form SS-4 with the Internal Revenue Service. For information on FEIN's, call the Andover Service Center in Massachusetts at (978) 474-9520, Maine Department of Labor, Central Registration Unit at (207) 287-2338 or visit the Maine Taxpayer Service Center in Augusta. Federal Form SS-4 can also be downloaded from the Internal Revenue Services Internet site, www.irs.ustreas.gov.

Also enter the business mailing address as well as the physical location address for the business.



Mail this application in the envelope provided or fax to: 1-207-287-3733.
Department of Labor, Central Registration Section, PO Box 1057 Augusta, ME 04332-1057